

TRUCKED INDUSTRIAL WASTE GENERATOR PERMIT APPLICATION		Return to: City of San Diego - Industrial Waste Program 9192 Topaz Way - San Diego, Ca 92123 Ph: 858-654-4100 FAX: 858-654-4110
1) Business Name of Applicant:		Phone:
2) Contact Person:		Fax:
3) Facility Address:		
4) Mailing Address:		
5) Requested duration of permit: From _____ To: _____ <div style="text-align: center; font-size: small;">(Start Date) (End Date)</div>	6) Name of Waste Hauler: Permit Number of Waste Hauler: 25- (Must have active Industrial Waste Hauler permit)	
Estimated number of Gallons to be discharged:		
7) Name of facility and location where waste is generated:		
8) Description of Waste:		
9) Is wastewater receiving any form of pretreatment before disposal? ____ NO ____ YES. Describe:	10) Is wastewater generated by processes subject to federal categorical regulation? ____ NO ____ YES. Describe:	
11) Indicate constituents known or expected to be present in this wastewater based on generator knowledge: <div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 33%;"><input type="checkbox"/> Caustics/Acids</div> <div style="width: 33%;"><input type="checkbox"/> Pesticides/PCBs</div> <div style="width: 33%;"><input type="checkbox"/> Saltwater</div> <div style="width: 33%;"><input type="checkbox"/> Mud, Sand, Silt</div> <div style="width: 33%;"><input type="checkbox"/> Other, List:</div> <div style="width: 33%;"><input type="checkbox"/> Flammable substances</div> <div style="width: 33%;"><input type="checkbox"/> Radioactive Substances</div> <div style="width: 33%;"><input type="checkbox"/> Oil or Grease</div> <div style="width: 33%;"><input type="checkbox"/> Solvents, List:</div> <div style="width: 100%;"><input type="checkbox"/> Metals (circle those that apply) Cadmium, Copper, Chromium, Lead, Nickel, Mercury, Selenium, Silver, Zinc</div> </div>		
12) Attach a copy of the lab analysis. Include all analyses performed using EPA approved methods. Lab Name: _____ Analysis Number: _____		
Permittee's Certification: I hereby certify that the information found in this application is familiar to me, and is complete and accurate to the best of my knowledge. I certify that the wastes that will be discharged under this permit are not hazardous wastes as defined in the Federal Resource Conservation and Recovery Act (RCRA) and by state or local regulations. I have received and read both the Trucked Waste Requirements & Procedures and the Department of Health Services' Hazardous Waste Requirements bulletin, and I agree to comply with the policies and requirements set forth therein. I certify that the wastes that will be discharged under this permit meet applicable Federal and local limits.		
13) Print Name:	Title:	
14) Signature:	Date:	

TO BE COMPLETED BY THE CITY

The following constituent limitations are applicable to this permit: <div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 33%;"><input type="checkbox"/> pH 5-12.5</div> <div style="width: 33%;"><input type="checkbox"/> Cadmium 1 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> Oil/Grease 500 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> Chromium 5 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> Copper 11 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> Nickel 13 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> Lead 5 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> <div style="width: 33%;"><input type="checkbox"/> Zinc 24 mg/L</div> <div style="width: 33%;"><input type="checkbox"/> _____</div> </div> <p style="margin-top: 10px;"><i>Self-monitoring for the constituents listed above is required _____</i></p> <p style="margin-top: 5px;">The first self-monitoring report is due _____</p>	ARIS/PIMS AR#	Approved By
	TWRP	Effective
	RCRA	Expires
	Permit Number 25- <div style="float: right; text-align: right;"> <input type="checkbox"/> New <input type="checkbox"/> Renewal </div>	